

FLEXIBLE

Elbert County Government

215 Comanche Street, PO Box 7, Kiowa, CO 80117

VOLUNTEER APPLICATION

Date of Applica	tion:						
Name:							
Address:							
Phone:			Email: _	City		State	Zip
Experience, Ski	lls, and Interes	sts:					
Licenses/Certif	ications:						
Do you have fa	mily or friends	who work fo	r Elbert Count	y?			
If so, who?			What depar	tment:			
Are you 18 yea	rs of age or old	der?					
• Sheriff • Sheriff • Plannir • County • Public	Volunteer En Amateur Rad Ground Spot Animal Rescu Logistical Other Department: Posse Reserve Depi unds/Facilitie Grounds Manager: Veterans Fell Committees Health Depart Public Nurse imitations we	Management nergency Prep lio ters (staff will email of uty owship Progra / Task Force, r ment: Aid	aredness Coo	eriff Office)			
Hours of availa	bility:						
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING							
AFTERNOON							
EVENING							

Approved by County Manager: _____ Date: _____